



Career @ Services

Internship Fund Employer Application

EMPLOYER INFORMATION

Name of organization/employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Number of full time employees: _____

Intern supervisor: _____

Title: _____

Telephone number: _____ e-mail: _____

Web address: _____

Briefly describe your organization and/or division:

Signature _____

Date _____

INTERNSHIP INFORMATION

Briefly describe the proposed intern position:

Internship start date: _____

Length of Internship: _____

Full time

Part-time

